

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF SOUTH CAROLINA

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Joseph**

First name

**Eric Timothy**

Middle name

**Reiring**

Last name and Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

##### 2. All other names you have used in the last 8 years

**Joseph E Reiring**

Include your married or maiden names.

**Jill**

First name

**Ayn**

Middle name

**Reiring**

Last name and Suffix (Sr., Jr., II, III)

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-6802**

**FKA Jill A. Woodyard-Reiring**

**xxx-xx-3251**

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business name or EINs.

**DBA RB Processing**

Business name(s)

EINs

**5. Where you live**

**108 Carnegie Court  
Summerville, SC 29486-5383**

Number, Street, City, State & ZIP Code

**Berkeley**

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. **How you will pay the fee**  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**

No.  
 Yes.

District	<b>Ohio Southern Bankruptcy Court</b>	When	<b>6/20/05</b>	Case number	<b>05-15112</b>
District	<b>Ohio Southern Bankruptcy Court</b>	When	<b>10/25/04</b>	Case number	<b>04-18591</b>
District	<b>See Attachment</b>	When		Case number	

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No  
 Yes.

Debtor	Relationship to you
District	Case number, if known
Debtor	Relationship to you
District	Case number, if known

11. **Do you rent your residence?**

No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

**RB Processing**

Name of business, if any

**109 Carnegie Court  
Summerville, SC 29483**

Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

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I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Debtor 1      Joseph Eric Timothy Reiring  
Debtor 2      Jill Ayn Reiring**

Case number (*if known*)

## **Part 6: Answer These Questions for Reporting Purposes**

<p><b>16. What kind of debts do you have?</b></p>	<p>16a. <b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”</p> <p><input type="checkbox"/> No. Go to line 16b.</p> <p><input checked="" type="checkbox"/> Yes. Go to line 17.</p> <p>16b. <b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</p> <p><input type="checkbox"/> No. Go to line 16c.</p> <p><input type="checkbox"/> Yes. Go to line 17.</p> <p>16c. State the type of debts you owe that are not consumer debts or business debts</p> <hr/>												
<p><b>17. Are you filing under Chapter 7?</b></p> <p><input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b></p> <p><input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>													
<p><b>18. How many Creditors do you estimate that you owe?</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> 1-49</td> <td style="width: 25%;"><input type="checkbox"/> 1,000-5,000</td> <td style="width: 25%;"><input type="checkbox"/> 25,001-50,000</td> </tr> <tr> <td><input type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 5001-10,000</td> <td><input type="checkbox"/> 50,001-100,000</td> </tr> <tr> <td><input checked="" type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> More than 100,000</td> </tr> <tr> <td><input type="checkbox"/> 200-999</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000	<input type="checkbox"/> 200-999		
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<p><b>19. How much do you estimate your assets to be worth?</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> \$0 - \$50,000</td> <td style="width: 25%;"><input type="checkbox"/> \$1,000,001 - \$10 million</td> <td style="width: 25%;"><input type="checkbox"/> \$500,000,001 - \$1 billion</td> </tr> <tr> <td><input type="checkbox"/> \$50,001 - \$100,000</td> <td><input type="checkbox"/> \$10,000,001 - \$50 million</td> <td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td> </tr> <tr> <td><input checked="" type="checkbox"/> \$100,001 - \$500,000</td> <td><input type="checkbox"/> \$50,000,001 - \$100 million</td> <td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td> </tr> <tr> <td><input type="checkbox"/> \$500,001 - \$1 million</td> <td><input type="checkbox"/> \$100,000,001 - \$500 million</td> <td><input type="checkbox"/> More than \$50 billion</td> </tr> </table>		<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
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<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion											
<p><b>20. How much do you estimate your liabilities to be?</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> \$0 - \$50,000</td> <td style="width: 25%;"><input type="checkbox"/> \$1,000,001 - \$10 million</td> <td style="width: 25%;"><input type="checkbox"/> \$500,000,001 - \$1 billion</td> </tr> <tr> <td><input type="checkbox"/> \$50,001 - \$100,000</td> <td><input type="checkbox"/> \$10,000,001 - \$50 million</td> <td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td> </tr> <tr> <td><input checked="" type="checkbox"/> \$100,001 - \$500,000</td> <td><input type="checkbox"/> \$50,000,001 - \$100 million</td> <td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td> </tr> <tr> <td><input type="checkbox"/> \$500,001 - \$1 million</td> <td><input type="checkbox"/> \$100,000,001 - \$500 million</td> <td><input type="checkbox"/> More than \$50 billion</td> </tr> </table>		<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
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**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Joseph Eric Timothy Reiring**

## **Joseph Eric Timothy Reiring**

**Signature of Debtor 1**

/s/ Jill Ayn Reiring

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Jill Ayn Reiring

Signature of Debtor 2

Executed on **October 25, 2018**  
MM / DD / YYYY

Executed on **October 25, 2018**  
MM / DD / YYYY

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Richard A Steadman, Jr.**

Signature of Attorney for Debtor

Date

**October 25, 2018**

MM / DD / YYYY

**Richard A Steadman, Jr. 4284**

Printed name

**Steadman Law Firm, P.A.**

Firm name

**6296 Rivers Avenue**

**Suite 102**

**Charleston, SC 29406**

Number, Street, City, State & ZIP Code

Contact phone

**843-529-1100**

Email address

**rsteadman@steadmanlawfirm.com**

**4284 SC**

Bar number & State

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 **Joseph Eric Timothy Reiring**  
First Name Middle Name Last Name

Debtor 2 **Jill Ayn Reiring**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number  
(if known) \_\_\_\_\_

Check if this is an amended filing

**FORM 101. VOLUNTARY PETITION**

**Prior Bankruptcy Cases Filed Attachment**

**District**

**Ohio Southern Bankruptcy Court**

**Case Number**

**Date Filed**

**05-15112**

**6/20/05**

**Ohio Southern Bankruptcy Court**

**04-18591**

**10/25/04**

**Kentucky Eastern Bankruptcy Court**

**97-20654**

**4/11/97**

Fill in this information to identify your case:

Debtor 1	<b>Joseph Eric Timothy Reiring</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Jill Ayn Reiring</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>169,590.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>169,590.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>43,650.49</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>213,240.49</b>

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>198,214.46</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D...	\$ <b>198,214.46</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>30,500.00</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ <b>30,500.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$ <b>222,965.35</b>
		<b>Your total liabilities</b> \$ <b>451,679.81</b>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>8,100.00</b>
	Copy your combined monthly income from line 12 of Schedule I.....	\$ <b>8,100.00</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>5,444.71</b>
	Copy your monthly expenses from line 22c of Schedule J.....	\$ <b>5,444.71</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
 

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?
 

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 9,712.88

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>30,500.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>53,272.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <u>83,772.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Joseph Eric Timothy Reiring</b>	
	First Name	Middle Name
Debtor 2	<b>Jill Ayn Reiring</b>	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA	
Case number		

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.  
 Yes. Where is the property?

1.1

#### 922 Hamlin Drive

Street address, if available, or other description

Maineville      OH      45039-0000  
City                State        ZIP Code

##### What is the property? Check all that apply

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **\$169,590.00**      Current value of the portion you own? **\$169,590.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

**Fee simple**

Check if this is community property  
(see instructions)

##### Who has an interest in the property? Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**Parcel ID: 1603303004**

##### 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$169,590.00**

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No  
 Yes

3.1 Make: **Ford**  
 Model: **F150**  
 Year: **2012**  
 Approximate mileage: **163200**  
 Other information:  
**VIN: 1FTFW1EF6CFC53045**

**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$16,025.00** **\$16,025.00**

3.2 Make: **Chevrolet**  
 Model: **Camaro**  
 Year: **2011**  
 Approximate mileage: **95000**  
 Other information:  
**VIN: 2G1FB1ED4B9204310**

**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$10,500.00** **\$10,500.00**

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>**

**\$26,525.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

**Miscellaneous household goods and furnishings** **\$3,000.00**

**Sectional sofa & rug** **\$400.00**

**Bedroom suite** **\$500.00**

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No  
 Yes. Describe.....

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

<b>2 cell phones, 5 TVs, 2 tablets, laptop computer</b>	<b>\$1,000.00</b>
---	-------------------

<b>65" Samsun 4D Curve</b>	<b>\$400.00</b>
----------------------------	-----------------

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

<b>Mosberg 12-gauge shotgun model E8 Serial #MV53277G</b>	<b>\$75.00</b>
---	----------------

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

<b>Miscellaneous men's clothing</b>	<b>\$250.00</b>
-------------------------------------	-----------------

<b>Miscellaneous women's clothing</b>	<b>\$250.00</b>
---------------------------------------	-----------------

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

<b>Miscellaneous jewelry</b>	<b>\$500.00</b>
------------------------------	-----------------

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

No

Yes. Describe.....

<b>2 dogs, 1 cat</b>	<b>\$0.00</b>
----------------------	---------------

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

<b>\$6,375.00</b>
-------------------

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes.....

<b>Cash</b>	<b>\$74.00</b>
-------------	----------------

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes.....

Institution name:

17.1.	<b>Checking and Savings</b>	<b>Navy Federal Credit Union</b>	<b>\$48.86</b>
	17.2.	<b>Checking and Savings</b>	<b>\$425.63</b>
		<b>Navy Federal Credit Union Business Acct</b>	

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes.....

Institution or issuer name:

19.	<b>Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture</b>
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information about them.....

Name of entity: % of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No  
 Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No  
 Yes. List each account separately.

Type of account: Institution name:

21.	<b>401(k)</b>	<b>State Farm</b>	<b>\$1.00</b>
-----	---------------	-------------------	---------------

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No  
 Yes. ....

Institution name or individual:

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No  
 Yes.....

Issuer name and description:

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**Forester & Forester  
Term life**

**Jill Reiring**

**\$1.00**

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

Debtor 1 Joseph Eric Timothy Reiring  
Debtor 2 Jill Ayn Reiring

Case number (if known) \_\_\_\_\_

**Worker's Compensation settlement vs. Blue Max Trucking  
Attorneys Howell and Christmas  
estimated claim**

**\$9,700.00**

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No  
 Yes. Describe each claim.....

**35. Any financial assets you did not already list**

No  
 Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$10,250.49**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.  
 Yes. Go to line 38.

**Current value of the portion you own?  
Do not deduct secured claims or exemptions.**

**38. Accounts receivable or commissions you already earned**

No  
 Yes. Describe.....

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No  
 Yes. Describe.....

**Miscellaneous office equipment**

**\$500.00**

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

No  
 Yes. Describe.....

**41. Inventory**

No  
 Yes. Describe.....

**42. Interests in partnerships or joint ventures**

No  
 Yes. Give specific information about them.....  
Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_

**43. Customer lists, mailing lists, or other compilations**

No.  
 Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

No

Yes. Describe.....

**44. Any business-related property you did not already list**

No

Yes. Give specific information.....

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**

**\$500.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.

Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No

Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....		<b>\$169,590.00</b>
56. Part 2: Total vehicles, line 5	<b>\$26,525.00</b>	
57. Part 3: Total personal and household items, line 15	<b>\$6,375.00</b>	
58. Part 4: Total financial assets, line 36	<b>\$10,250.49</b>	
59. Part 5: Total business-related property, line 45	<b>\$500.00</b>	
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>	
61. Part 7: Total other property not listed, line 54	<b>\$0.00</b>	
62. Total personal property. Add lines 56 through 61...	<b>\$43,650.49</b>	Copy personal property total <b>\$43,650.49</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$213,240.49</b>

Fill in this information to identify your case:

Debtor 1	<b>Joseph Eric Timothy Reiring</b>	
	First Name	Middle Name
Debtor 2	<b>Jill Ayn Reiring</b>	
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA	
Case number (if known)		

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

##### 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

##### 2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
922 Hamlin Drive Maineville, OH 45039 Warren County Parcel ID: 1603303004 Line from <i>Schedule A/B</i> : 1.1	\$169,590.00	<input checked="" type="checkbox"/> \$12,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) unused cash and jewelry exemptions
2012 Ford F150 163200 miles VIN: 1FTFW1EF6CFC53045 Line from <i>Schedule A/B</i> : 3.1	\$16,025.00	<input checked="" type="checkbox"/> \$6,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
2011 Chevrolet Camaro 95000 miles VIN: 2G1FB1ED4B9204310 Line from <i>Schedule A/B</i> : 3.2	\$10,500.00	<input checked="" type="checkbox"/> \$6,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
Miscellaneous household goods and furnishings Line from <i>Schedule A/B</i> : 6.1	\$3,000.00	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
Sectional sofa & rug Line from <i>Schedule A/B</i> : 6.2	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Bedroom suite</b> Line from Schedule A/B: <b>6.3</b>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
<b>2 cell phones, 5 TVs, 2 tablets, laptop computer</b> Line from Schedule A/B: <b>7.1</b>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <b>\$1,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
<b>65" Samsun 4D Curve</b> Line from Schedule A/B: <b>7.2</b>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <b>\$400.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
<b>Mosberg 12-gauge shotgun model E8 Serial #MV53277G</b> Line from Schedule A/B: <b>10.1</b>	<u>\$75.00</u>	<input checked="" type="checkbox"/> <b>\$75.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(15)</b>
<b>Miscellaneous men's clothing</b> Line from Schedule A/B: <b>11.1</b>	<u>\$250.00</u>	<input checked="" type="checkbox"/> <b>\$250.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
<b>Miscellaneous women's clothing</b> Line from Schedule A/B: <b>11.2</b>	<u>\$250.00</u>	<input checked="" type="checkbox"/> <b>\$250.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
<b>Miscellaneous jewelry</b> Line from Schedule A/B: <b>12.1</b>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(4)</b>
<b>Cash</b> Line from Schedule A/B: <b>16.1</b>	<u>\$74.00</u>	<input checked="" type="checkbox"/> <b>\$74.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(5)</b>
<b>Checking and Savings: Navy Federal Credit Union</b> Line from Schedule A/B: <b>17.1</b>	<u>\$48.86</u>	<input checked="" type="checkbox"/> <b>\$48.86</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(5)</b>
<b>Checking and Savings: Navy Federal Credit Union Business Acct</b> Line from Schedule A/B: <b>17.2</b>	<u>\$425.63</u>	<input checked="" type="checkbox"/> <b>\$425.63</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(5)</b>
<b>Worker's Compensation settlement vs. Blue Max Trucking Attorneys Howell and Christmas estimated claim</b> Line from Schedule A/B: <b>33.1</b>	<u>\$9,700.00</u>	<input checked="" type="checkbox"/> <b>\$9,700.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 42-9-360</b>

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>		
<b>Miscellaneous office equipment</b> Line from <i>Schedule A/B</i> : 39.1	<b>\$500.00</b>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. §</b> <b>15-41-30(A)(6)</b>	

**3. Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Fill in this information to identify your case:

Debtor 1	<b>Joseph Eric Timothy Reiring</b>	
	First Name	Middle Name
Debtor 2	<b>Jill Ayn Reiring</b>	
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA	
Case number (if known)		

Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.1	<b>Badcock Furniture</b> Creditor's Name	\$2,200.00	\$400.00	\$1,800.00

**PO Box 724**  
**Mulberry, FL 33860**

Number, Street, City, State &amp; Zip Code

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Describe the property that secures the claim:

Sectional sofa &amp; rug

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed  
**Nature of lien.** Check all that apply.  
 An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) **Purchase Money Security**

Date debt was incurred

Last 4 digits of account number

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.2	<b>Conn's HomePlus</b> Creditor's Name	\$1,984.00	\$400.00	\$1,584.00

**Attn: Bankruptcy**  
**Po Box 2358**  
**Beaumont, TX 77704**

Number, Street, City, State &amp; Zip Code

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Describe the property that secures the claim:

65" Samsun 4D Curve

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed  
**Nature of lien.** Check all that apply.  
 An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) **Purchase Money Security**

Debtor 1	<b>Joseph Eric Timothy Reiring</b>			Case number (if known)		
	First Name	Middle Name	Last Name			
Debtor 2	<b>Jill Ayn Reiring</b>					
	First Name	Middle Name	Last Name			
	<b>Opened 03/17 Last Active</b>					
Date debt was incurred	<b>8/13/18</b>			Last 4 digits of account number	<b>9430</b>	

**2.3 Kimbrell's of SC Inc.** \$2,000.00 \$500.00 \$1,500.00

Creditor's Name

**208-A St. James Ave.  
Goose Creek, SC 29445**

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Describe the property that secures the claim:

**Bedroom suite**

\$2,000.00

\$500.00

\$1,500.00

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Nature of lien.** Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **Purchase Money Security**

Date debt was incurred

Last 4 digits of account number

**2.4 Lincoln Automotive Financial Service** \$22,307.00 \$16,025.00 \$6,282.00

Creditor's Name

**Attn: Bankruptcy  
Po Box 542000  
Omaha, NE 68154**

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Describe the property that secures the claim:

**2012 Ford F150 163200 miles  
VIN: 1FTFW1EF6CFC53045**

\$22,307.00

\$16,025.00

\$6,282.00

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Nature of lien.** Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **Purchase Money Security**

Date debt was incurred

Last 4 digits of account number

**1293**

**2.5 Ocwen Loan Servicing, Llc** \$153,975.46 \$169,590.00 \$0.00

Creditor's Name

**Attn:  
Research/Bankruptcy  
1661 Worthington Road,  
Suite 100  
West Palm Beach, FL  
33409**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**922 Hamlin Drive Maineville, OH  
45039 Warren County  
Parcel ID: 1603303004**

\$153,975.46

\$169,590.00

\$0.00

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Nature of lien.** Check all that apply.

Debtor 1	<b>Joseph Eric Timothy Reiring</b>			Case number (if known)
	First Name	Middle Name	Last Name	
Debtor 2	<b>Jill Ayn Reiring</b>			
	First Name	Middle Name	Last Name	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Mortgage</b>				
<b>Opened</b> <b>03/06 Last</b> <b>Active</b> <b>4/30/18</b>		Last 4 digits of account number <b>6146</b>		
2.6	<b>Regional Acceptance Corp</b> Creditor's Name  <b>Attn: Bankruptcy</b> <b>1424 E Fire Tower Rd</b> <b>Greenville, NC 27858</b> Number, Street, City, State & Zip Code			
<b>Describe the property that secures the claim:</b> <b>2011 Chevrolet Camaro 95000 miles</b> <b>VIN: 2G1FB1ED4B9204310</b>				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Purchase Money Security</b>				
<b>Opened</b> <b>08/12 Last</b> <b>Active</b> <b>5/26/18</b>		Last 4 digits of account number <b>5801</b>		
2.7	<b>World Acceptance/Finance Corp</b> Creditor's Name  <b>Attn: Bankruptcy</b> <b>Po Box 6429</b> <b>Greenville, SC 29606</b> Number, Street, City, State & Zip Code			
<b>Describe the property that secures the claim:</b> <b>2 cell phones, 5 TVs, 2 tablets, laptop computer</b>				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Non-Purchase Money Security</b>				
<b>Opened</b> <b>11/17 Last</b> <b>Active</b> <b>4/02/18</b>		Last 4 digits of account number <b>9901</b>		

Debtor 1 **Joseph Eric Timothy Reiring**

Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Debtor 2 **Jill Ayn Reiring**

First Name Middle Name Last Name

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

**\$198,214.46**

**\$198,214.46**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	<b>Joseph Eric Timothy Reiring</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jill Ayn Reiring</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 IRS*	\$25,000.00	\$25,000.00	\$0.00
Priority Creditor's Name <b>Centralized Insolvency Operations PO BOX 7346 PHILADELPHIA, PA 19101-7346</b>	Last 4 digits of account number		
Number Street City State Zip Code	When was the debt incurred?		
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations		
Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify		
	2016 & 2017 income taxes		

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

2.2	<b>SC Department of Revenue</b>	Last 4 digits of account number	\$5,500.00	\$5,500.00	\$0.00
Priority Creditor's Name <b>P. O. Box 12265 Columbia, SC 29211-2265</b>					
Number Street City State Zip Code					
<b>Who incurred the debt?</b> Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<b>Check if this claim is for a community debt</b>					
<b>Is the claim subject to offset?</b>					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<b>2016 &amp; 2017 income taxes</b>					

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1		Total claim			
	<b>Amcol Systems Inc</b>	\$132.00			
Nonpriority Creditor's Name <b>111 Lancewood Rd Columbia, SC 29210</b>					
Number Street City State Zip Code					
<b>Who incurred the debt?</b> Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<b>Check if this claim is for a community debt</b>					
<b>Is the claim subject to offset?</b>					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<b>Collections for Doctor's Care</b>					

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.2	<b>American General Finance, Inc.</b> Nonpriority Creditor's Name <b>641 Northland Blvd Cincinnati, OH 45240</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$1,977.00</b>																																				
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Personal loan</b> <input type="checkbox"/> Yes																																							
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts																																							
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Specify <b>Unsecured</b>  <input type="checkbox"/> Yes       </td> </tr> <tr> <td colspan="4"><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts       </td> </tr> <tr> <td colspan="4">As of the date you file, the claim is: Check all that apply</td> </tr> </table> </td> </tr> </table>				4.3	<b>Applied Bank</b> Nonpriority Creditor's Name <b>PO Box 2589 Columbus, OH 43219</b> Number Street City State Zip Code	Last 4 digits of account number <b>4312</b>	<b>\$1,026.00</b>	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. 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As of the date you file, the claim is: Check all that apply																																							

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.5	<b>Bill &amp; Lisa Parchman</b> Nonpriority Creditor's Name <b>990 Bamburgh Drive</b> <b>Maineville, OH 45039</b> Number Street City State Zip Code	Last 4 digits of account number _____ <b>\$7,000.00</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Personal loan</b>
4.6	<b>Blue Max Trucking, Inc.</b> Nonpriority Creditor's Name <b>1015 E. Westinghouse Blvd</b> <b>Charlotte, NC 28273</b> Number Street City State Zip Code	Last 4 digits of account number _____ <b>\$5,152.00</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Insurance premium arrearage</b>
4.7	<b>Cane Bay Chiropractic &amp; Wellness Center</b> Nonpriority Creditor's Name <b>1724 State Road, Ste 1D</b> <b>Summerville, SC 29486</b> Number Street City State Zip Code	Last 4 digits of account number <b>0629</b> <b>\$124.00</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.8

**Capio Partners**

Nonpriority Creditor's Name

**2222 Texoma Pkwy Ste 150  
Sherman, TX 75090**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

Last 4 digits of account number **5153**

**\$2,541.00**

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

4.9

**Capio Partners Llc**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 3498  
Sherman, TX 75091**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

Last 4 digits of account number **2079**

**\$1,282.00**

**When was the debt incurred?** **Opened 10/17**

**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collection Attorney Trident Health System**

4.1  
0

**Capio Partners Llc**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 3498  
Sherman, TX 75091**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

Last 4 digits of account number **5153**

**\$919.00**

**When was the debt incurred?** **Opened 10/17**

**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collection Attorney Trident Health System**

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.1 1	<p><b>Capio Partners Llc</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 3498</b> <b>Sherman, TX 75091</b></p> <p>Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>8522</b></p> <p>When was the debt incurred? <b>Opened 8/19/17</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Trident Health System</b></p>	<b>\$862.00</b>
4.1 2	<p><b>Capio Partners Llc</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 3498</b> <b>Sherman, TX 75091</b></p> <p>Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0638</b></p> <p>When was the debt incurred? <b>Opened 08/17</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Trident Health System</b></p>	<b>\$532.00</b>
4.1 3	<p><b>Capio Partners Llc</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 3498</b> <b>Sherman, TX 75091</b></p> <p>Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0673</b></p> <p>When was the debt incurred? <b>Opened 08/17</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Trident Health System</b></p>	<b>\$217.00</b>

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

<b>4.1 4</b>	<b>Capital Recovery Systems Inc.</b> Nonpriority Creditor's Name <b>750 Cross Pointe Rd, Ste. S</b> <b>Columbus, OH 43230-6693</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>043A</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<b>\$297.00</b>
<b>4.1 5</b>	<b>Collections for Hamilton County Clerk of Courts</b> <input checked="" type="checkbox"/> Other. Specify <b>Courts</b>		
<b>4.1 6</b>	<b>Carnes Crossroads Dental</b> Nonpriority Creditor's Name <b>2900 N. Main Street, Ste G</b> <b>Moncks Corner, SC 29461</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>4219</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<b>\$1,311.00</b>
	<input checked="" type="checkbox"/> Other. Specify <b>Medical</b>		
	<b>Carolina Payday Loans</b> Nonpriority Creditor's Name <b>320 Trolley Road Suite E</b> <b>Summerville, SC 29485</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<b>\$575.00</b>
	<input checked="" type="checkbox"/> Other. Specify <b>Personal loan</b>		

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.1 7	<b>Cash Credit</b>  Nonpriority Creditor's Name <b>1672 N. Main Street, Suite 7 Summerville, SC 29483</b>  Number Street City State Zip Code	Last 4 digits of account number <b>3573</b>	<b>\$400.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>Personal loan</b></p> <p><input type="checkbox"/> Yes</p>			
<p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p>			

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4.1 8	<b>Cashnet USA</b>  Nonpriority Creditor's Name <b>175 West Jackson Suite 1000 Chicago, IL 60604</b>  Number Street City State Zip Code	Last 4 digits of account number <b>8223</b>	<b>\$2,126.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>Personal loan</b></p> <p><input type="checkbox"/> Yes</p>			
<p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p>			

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4.1 9	<b>Cashnet USA</b>  Nonpriority Creditor's Name <b>200 West Jackson, Ste 1400 Chicago, IL 60606-6988</b>  Number Street City State Zip Code	Last 4 digits of account number <b>6249</b>	<b>\$1,178.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>Personal loan</b></p> <p><input type="checkbox"/> Yes</p>			
<p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p>			

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.2 0	<b>CBE Group</b>  Nonpriority Creditor's Name <b>PO Box 2337</b> <b>Waterloo, IA 50704-2337</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$2,051.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <u>Collections for Charter Communications</u></p> <p><input type="checkbox"/> Yes</p>			
<p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p>			

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4.2 1	<b>Charleston ENT</b>  Nonpriority Creditor's Name <b>2295 Henry Tecklenberg Dr</b> <b>Charleston, SC 29414</b> Number Street City State Zip Code	Last 4 digits of account number <b>2812</b>	<b>\$58.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <u>Medical</u></p> <p><input type="checkbox"/> Yes</p>			
<p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p>			

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4.2 2	<b>Charleston Radiologists</b>  Nonpriority Creditor's Name <b>PO Bxo 781299</b> <b>Sebastian, FL 32978-1299</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$242.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <u>Medical</u></p> <p><input type="checkbox"/> Yes</p>			
<p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p>			

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.2  
3

**Check N Go**

Nonpriority Creditor's Name

**100 Commercial Drive  
Fairfield, OH 45014**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

**9858**

**\$11,634.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Personal loan**

4.2  
4

**Check N Go**

Nonpriority Creditor's Name

**100 Commercial Drive  
Fairfield, OH 45014**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

**4179**

**\$3,200.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Personal loan**

4.2  
5

**Christ Hospital Physicians**

Nonpriority Creditor's Name

**PO Box 630887  
Cincinnati, OH 45263-0887**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

**7007**

**\$158.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Medical**

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.2 6	<p><b>Cincinnati Bell Co</b>            Nonpriority Creditor's Name  <b>PO Box 748003</b>  <b>Cincinnati, OH 45274-8003</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Telecommunications</b></p>	<p>Last 4 digits of account number <b>4093</b>      <b>\$847.00</b></p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
4.2 7	<p><b>Cincinnati Childrens Hospital</b>            Nonpriority Creditor's Name  <b>PO Box 5209</b>  <b>Cincinnati, OH 45201-5209</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical</b></p>	<p>Last 4 digits of account number <b>8410</b>      <b>\$1,369.00</b></p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
4.2 8	<p><b>Coastal Bariatric &amp; Surgical Center</b>            Nonpriority Creditor's Name  <b>PO Box 740776</b>  <b>Cincinnati, OH 45274-0776</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical</b></p>	<p>Last 4 digits of account number <b>3364</b>      <b>\$2,736.00</b></p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.2  
9**Coastal Oral & Maxillofacial**

Nonpriority Creditor's Name

**4221 University Blvd Suite D1A  
Charleston, SC 29406**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Medical**

Last 4 digits of account number

**6951****\$498.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical**

4.3  
0**Coastal Turf Company**

Nonpriority Creditor's Name

**PO Box 2205  
Summerville, SC 29484**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Landscaping**

Last 4 digits of account number

**7562****\$115.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Landscaping**

4.3  
1**Controlled Credit Corporation**

Nonpriority Creditor's Name

**3287 Warsaw Ave  
Cincinnati, OH 45205-1744**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Collections for TriHealth/Bethesda Hospital**

Last 4 digits of account number

**6867****\$459.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Collections for TriHealth/Bethesda Hospital**

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

<b>4.3 2</b>	<b>Convergent Outsourcing, Inc.</b> Nonpriority Creditor's Name <b>P. O. Box 9004 Renton, WA 98057-9004</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>6616</u> <b>\$639.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collections for Aaron's Sales and Leasing</u>
<b>4.3 3</b>	<b>Credit Collection Bureau</b> Nonpriority Creditor's Name <b>PO Box 90508 Sioux Falls, SD 57109</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>3666</u> <b>\$75.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collections for Health First Rapid Care</u>
<b>4.3 4</b>	<b>Credit Collection Service</b> Nonpriority Creditor's Name <b>POB 55126 Boston, MA 02205-5126</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>5345</u> <b>\$42.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collections for Geico Advantage Company</u>

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.3 5	<b>Credit Collection Service</b> Nonpriority Creditor's Name <b>POB 55126</b> <b>Boston, MA 02205-5126</b> Number Street City State Zip Code	Last 4 digits of account number <b>7728</b>	<b>\$688.00</b>
<b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Collections for Allstate Ins Co</b> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>4.3 6</b>			
<b>Credit One Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 98873</b> <b>Las Vegas, NV 89193</b> Number Street City State Zip Code			
Last 4 digits of account number <b>9957</b> <b>\$237.00</b> <b>When was the debt incurred?</b> <b>Opened 04/18 Last Active 8/07/18</b> <b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>4.3 7</b>			
<b>Dixie Cleaners</b> Nonpriority Creditor's Name <b>PO Box 267</b> <b>Holly Hill, SC 29059</b> Number Street City State Zip Code			
Last 4 digits of account number _____ <b>\$47.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Cleaning</b> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.3 8	<b>Fayette County Clerk of Court</b> Nonpriority Creditor's Name <b>221 S 7th St</b> <b>Vandalia, IL 62471</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>\$191.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
4.3 9	<b>Fifth Third Bank</b> Nonpriority Creditor's Name <b>PO Box 21089</b> <b>Philadelphia, PA 19114</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>7897</b> <b>\$3,265.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Bank fees</b> _____
4.4 0	<b>First Premier Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 5524</b> <b>Sioux Falls, SD 57117</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>3103</b> <b>\$472.00</b> <b>When was the debt incurred?</b> <b>Opened 01/13 Last Active 6/19/13</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b> _____

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.4  
1**First Premier Bank**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Po Box 5524****Sioux Falls, SD 57117**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number

**3781****\$452.00****Opened 01/13 Last Active 4/05/13****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Credit Card**4.4  
2**Full Circle Management Services**

Nonpriority Creditor's Name

**PO Box 2365****Oldsmar, FL 34677-2193**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number

**6531****\$99.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Collections for Shark Ninja**4.4  
3**Greater Cincinnati Digestive**

Nonpriority Creditor's Name

**4746 Montgomery Rd #202****Cincinnati, OH 45212**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number

**\$1,030.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**922 Hamlin Drive Maineville, OH 45039  
Warren County  
Parcel ID: 1603303004**

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.4  
4**Guardian Fin**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
3806 Fishinger Blvd  
Hilliard, OH 43026**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number

**1214****\$14,782.00****Opened 12/14 Last Active  
4/24/17****As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Repossessed 2006 BMW 320xi**

4.4  
5**HCFS Health Care Financial**

Nonpriority Creditor's Name

**Plantation Billing Center  
PO Box 459077  
Fort Lauderdale, FL 33345-9077**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number

**\$169.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collections for Summerville Medical Center**

4.4  
6**HRG**

Nonpriority Creditor's Name

**P. O. Box 5406  
Cincinnati, OH 45273-7942**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number

**\$228.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Collections for ACS Primary Care  
Physicians**

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

<b>4.4 7</b>	<b>I C System Inc</b> Nonpriority Creditor's Name <b>444 Highway 96 East</b> <b>P.O. Box 64378</b> <b>St. Paul, MN 55164</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0812</b> When was the debt incurred? <b>Opened 05/17</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Att Directv</b>	<b>\$356.00</b>
<b>4.4 8</b>	<b>Integrated Reg Lab Path Service</b> Nonpriority Creditor's Name <b>PO Box 741087</b> <b>Atlanta, GA 30394-1087</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	<b>\$966.00</b>
<b>4.4 9</b>	<b>Jody Martin, Inc.</b> Nonpriority Creditor's Name <b>1250 Neale Lane</b> <b>Loveland, OH 45140</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <b>922 Hamlin Drive Maineville, OH 45039</b> <b>Warren County</b> <input checked="" type="checkbox"/> Other. Specify <b>Parcel ID: 1603303004</b>	<b>\$853.00</b>

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

<b>4.5 0</b>	<p><b>John Yonas</b> Nonpriority Creditor's Name <b>c/o American Homeland Title Agency 9656 Cincinnati Columbus Rd Cincinnati, OH 45241</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$5,000.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Personal loan</b></p>
<b>4.5 1</b>	<p><b>LDC Collections</b> Nonpriority Creditor's Name <b>PO Box 30420 Los Angeles, CA 90030-0420</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3774</b> <b>\$378.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Collections for City of Los Angeles</b></p>
<b>4.5 2</b>	<p><b>Low Country Pathology</b> Nonpriority Creditor's Name <b>PO Box 49009 Greenwood, SC 29649</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$31.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Medical</b></p>

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.5 3	<p><b>Medshore Ambulance Service</b>                  Nonpriority Creditor's Name  <b>PO Box 6</b>  <b>Anderson, SC 29622-0006</b>                  Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>Medical</b></p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>1338</b>      <b>\$797.00</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.5 4	<p><b>Mercy Health Partners</b>                  Nonpriority Creditor's Name  <b>PO Box 630892</b>  <b>Cincinnati, OH 45263-0827</b>                  Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>Medical</b></p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>8011</b>      <b>\$3,258.00</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.5 5	<p><b>Midland Funding</b>                  Nonpriority Creditor's Name  <b>2365 Northside Dr Ste 300</b>  <b>San Diego, CA 92108</b>                  Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>Factoring Company Account Credit One Bank N.A.</b></p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>4093</b>      <b>\$847.00</b></p> <p><b>When was the debt incurred?</b> <b>Opened 12/13</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.5  
6

<b>Mike Ward Landscaping</b> Nonpriority Creditor's Name <b>10491 S OH-48</b> <b>Loveland, OH 45140</b> Number Street City State Zip Code	Last 4 digits of account number _____	\$793.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<b>922 Hamlin Drive Maineville, OH 45039</b> <b>Warren County</b> <b>Parcel ID: 1603303004</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>		

4.5  
7

<b>MUSC Health</b> Nonpriority Creditor's Name <b>PO Box 931736</b> <b>Atlanta, GA 31193-1736</b> Number Street City State Zip Code	Last 4 digits of account number <u>4190</u>	\$4,780.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify <u>Medical</u>		

4.5  
8

<b>MUSC Physicians</b> Nonpriority Creditor's Name <b>1 Poston Rd, Ste. 350</b> <b>Charleston, SC 29407-3431</b> Number Street City State Zip Code	Last 4 digits of account number <u>8792</u>	\$126.25
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify <u>Medical</u>		

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

<b>4.5 9</b>	<b>MUSC Physicians</b> Nonpriority Creditor's Name <b>1 Poston Rd, Ste. 350</b> <b>Charleston, SC 29407-3431</b> Number Street City State Zip Code	Last 4 digits of account number <b>2662</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Medical</b> <input type="checkbox"/> Yes	<b>\$161.00</b>
<b>4.6 0</b>	<b>MUSC Physicians</b> Nonpriority Creditor's Name <b>1 Poston Rd, Ste. 350</b> <b>Charleston, SC 29407-3431</b> Number Street City State Zip Code	Last 4 digits of account number <b>2714</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Medical</b> <input type="checkbox"/> Yes	<b>\$1,082.00</b>
<b>4.6 1</b>	<b>National Credit Adjusters</b> Nonpriority Creditor's Name <b>P. O. Box 3023</b> <b>Attn: Bankruptcy Department</b> <b>Hutchinson, KS 67504-3023</b> Number Street City State Zip Code	Last 4 digits of account number <b>8190</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Collections for Ace Cash Advance</b> <input type="checkbox"/> Yes	<b>\$1,217.00</b>

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.6  
2**National Credit Adjusters**

Nonpriority Creditor's Name

**P. O. Box 3023  
Attn: Bankruptcy Department  
Hutchinson, KS 67504-3023**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number

**3402****\$152.00****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collections for American Homeshield**

4.6  
3**National Credit Adjusters, LLC**

Nonpriority Creditor's Name

**327 W 4th Ave.  
Po Box 3023  
Hutchinson, KS 67504**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number

**6160****\$1,094.00****When was the debt incurred?** **Opened 05/15****As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Factoring Company Account Rise**

4.6  
4**National Service Bureau, Inc.**

Nonpriority Creditor's Name

**18912 North Creek Pkwy, Ste 205  
Bothell, WA 98011**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number

**1564****\$5,007.00****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collections for State Farm Ins Co**

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.6 5	<b>NPAS, Inc.</b> Nonpriority Creditor's Name <b>PO Box 99400</b> <b>Louisville, KY 40269</b>	Last 4 digits of account number <b>0183</b>	<b>\$2,500.00</b>
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Collections for Trident Health Systems</b>			

4.6 6	<b>Online Collections</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 1489</b> <b>Winterville, NC 28590</b>	Last 4 digits of account number <b>2655</b>	<b>\$929.00</b>
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Duke Energy Mw</b>			

4.6 7	<b>Online Information Services</b> Nonpriority Creditor's Name <b>PO Box 1489</b> <b>Winterville, NC 28590</b>	Last 4 digits of account number <b>2655</b>	<b>\$929.00</b>
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Collections for Duke Energy</b>			

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.6  
8

<b>Plaza Services, Llc</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>110 Hammond Dr. Ste 110</b> <b>Atlanta, GA 30328</b>	Last 4 digits of account number <b>7750</b>	\$1,479.00
Number Street City State Zip Code	When was the debt incurred? <b>Opened 1/31/17</b>	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify <b>12 Checksmart</b>		
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.6  
9

<b>Plaza Services, Llc</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>110 Hammond Dr. Ste 110</b> <b>Atlanta, GA 30328</b>	Last 4 digits of account number <b>1399</b>	\$372.00
Number Street City State Zip Code	When was the debt incurred? <b>Opened 6/16/16</b>	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify <b>12 Cashland</b>		
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.7  
0

<b>Premier Bank Card</b> Nonpriority Creditor's Name <b>16 McLeland Lane</b> <b>Saint Cloud, MN 56303</b>	Last 4 digits of account number <b>3604</b>	\$924.00
Number Street City State Zip Code	When was the debt incurred?	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify <b>Credit card</b>		
Who incurred the debt? Check one.		
<input type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.7  
1

**Prime Care Medical Center of Cumming GA**

Nonpriority Creditor's Name

**2021 Marketplace Blvd  
Cumming, GA 30041**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

Last 4 digits of account number **5196**

**\$176.00**

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

4.7  
2

**Pro Scan Imaging**

Nonpriority Creditor's Name

**PO Box 233238  
Cincinnati, OH 45263-3238**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

Last 4 digits of account number **0100**

**\$362.00**

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

4.7  
3

**Professional Radiology Inc**

Nonpriority Creditor's Name

**3287 Warsaw Ave  
Cincinnati, OH 45205-1744**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

Last 4 digits of account number **9889**

**\$16.00**

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.7  
4

<b>Progressive Management Systems</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Department</b> <b>1521 W Cameron Ave., First Floor</b> <b>West Covina, CA 91790</b>	Last 4 digits of account number <b>6825</b> <span style="float: right;"><b>\$162.00</b></span>
Number Street City State Zip Code	When was the debt incurred? <b>Opened 11/17</b>
<b>Who incurred the debt?</b> Check one.	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Other. Specify <b>Collection Attorney Tricom Diagnostic Imaging</b>	

4.7  
5

<b>RMS Inc</b> Nonpriority Creditor's Name <b>PO Box 498</b> <b>Richfield, OH 44286</b>	Last 4 digits of account number <b>9627</b> <span style="float: right;"><b>\$78.00</b></span>
Number Street City State Zip Code	When was the debt incurred?
<b>Who incurred the debt?</b> Check one.	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<input type="checkbox"/> Other. Specify <b>Collections for Republic Services</b>	

4.7  
6

<b>Roper Radiologist PA</b> Nonpriority Creditor's Name <b>3 Southpark Circle Suite 240</b> <b>Charleston, SC 29407</b>	Last 4 digits of account number <span style="float: right;"><b>\$309.00</b></span>
Number Street City State Zip Code	When was the debt incurred?
<b>Who incurred the debt?</b> Check one.	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<input type="checkbox"/> Other. Specify <b>Medical</b>	

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.7 7	<b>Roper St. Francis Hospital</b> Nonpriority Creditor's Name <b>PO Box 650292</b> <b>Dallas, TX 75265-0292</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$4,092.26</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical</b></p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p>			
<hr/>			
4.7 8	<b>SC Sports Medicine &amp; Ortho Center</b> Nonpriority Creditor's Name <b>9100 Medcom St.</b> <b>Charleston, SC 29406</b> Number Street City State Zip Code	Last 4 digits of account number <b>1516</b>	<b>\$823.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical</b></p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p>			
<hr/>			
4.7 9	<b>Security Check</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept</b> <b>2612 Jackson Ave W</b> <b>Oxford, MS 38655</b> Number Street City State Zip Code	Last 4 digits of account number <b>3636</b>	<b>\$2,202.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Tempoe Llc</b></p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p>			

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.8 0	<b>Senex Services Corp</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>333 Founders Rd Nd Floor</b> <b>Indianapolis, IN 46268</b>	Last 4 digits of account number <b>2916</b>	\$926.00
Number Street City State Zip Code		When was the debt incurred? <b>Opened 5/29/14</b>	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Bethesda Hospital</b>			
As of the date you file, the claim is: Check all that apply			
<b>Senex Services Corp</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>333 Founders Rd Nd Floor</b> <b>Indianapolis, IN 46268</b>		Last 4 digits of account number <b>3276</b>	\$868.00
Number Street City State Zip Code		When was the debt incurred? <b>Opened 05/14</b>	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Bethesda Hospital</b>			
As of the date you file, the claim is: Check all that apply			
<b>Senex Services Corp</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>333 Founders Rd Nd Floor</b> <b>Indianapolis, IN 46268</b>		Last 4 digits of account number <b>35N1</b>	\$434.00
Number Street City State Zip Code		When was the debt incurred? <b>Opened 06/13</b>	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Bethesda Hospital</b>			

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

<p><b>4.8 3</b></p> <p><b>Senex Services Corp</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>333 Founders Rd Nd Floor</b> <b>Indianapolis, IN 46268</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0139</b> <span style="float: right;"><b>\$409.00</b></span></p> <p>When was the debt incurred? <b>Opened 5/29/14</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Bethesda Hospital</b></p>
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<p><b>4.8 4</b></p> <p><b>Synter Resource Group</b> Nonpriority Creditor's Name <b>PO Box 63247</b> <b>North Charleston, SC 29419-3247</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>1004</b> <span style="float: right;"><b>\$73.00</b></span></p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collections for UPS</b></p>
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<p><b>4.8 5</b></p> <p><b>Thomas R. Koustmer</b> Nonpriority Creditor's Name <b>125 E Court St #1000</b> <b>Cincinnati, OH 45202</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <span style="float: right;"><b>\$1,000.00</b></span></p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>922 Hamlin Drive Maineville, OH 45039</b> <b>Warren County</b> <b>Parcel ID: 1603303004</b></p>
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Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.8 6	<b>Trident Medical Center</b> Nonpriority Creditor's Name <b>P O Box 740766</b> <b>Cincinnati, OH 45274-0766</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b> _____	<b>\$36,974.00</b>
4.8 7	<b>TriHealth/Bethesda Hospital</b> Nonpriority Creditor's Name <b>PO Box 630823</b> <b>Cincinnati, OH 45263-0823</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>3889</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b> _____	<b>\$4,423.00</b>
4.8 8	<b>TriHealth/Bethesda Hospital</b> Nonpriority Creditor's Name <b>PO Box 630823</b> <b>Cincinnati, OH 45263-0823</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>6431</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b> _____	<b>\$868.00</b>

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.8  
9

<b>TriHealth/Bethesda Hospital</b>  Nonpriority Creditor's Name <b>PO Box 630823</b> <b>Cincinnati, OH 45263-0823</b> Number Street City State Zip Code	Last 4 digits of account number <b>9276</b>	\$868.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Medical</b> <input type="checkbox"/> Yes		
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		

4.9  
0

<b>TriHealth/Bethesda Hospital</b>  Nonpriority Creditor's Name <b>PO Box 630823</b> <b>Cincinnati, OH 45263-0823</b> Number Street City State Zip Code	Last 4 digits of account number	\$1,514.84
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>922 Hamlin Drive Maineville, OH 45039</b> <input type="checkbox"/> Yes <b>Parcel ID: 1603303004</b>		
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		

4.9  
1

<b>Tru Green</b>  Nonpriority Creditor's Name <b>4041 Thunderbird Lane</b> <b>Fairfield, OH 45014</b> Number Street City State Zip Code	Last 4 digits of account number <b>4580</b>	\$179.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Fertilizing company</b> <input type="checkbox"/> Yes		
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.9  
2

<b>U.S. Department of Education</b> Nonpriority Creditor's Name <b>Ecmc/Bankruptcy</b> <b>Po Box 16408</b> <b>Saint Paul, MN 55116</b> Number Street City State Zip Code	Last 4 digits of account number <b>8303</b>	\$30,183.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b> <b>Opened 03/01 Last Active 7/30/18</b>	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	

**Educational**

4.9  
3

<b>U.S. Department of Education</b> Nonpriority Creditor's Name <b>Ecmc/Bankruptcy</b> <b>Po Box 16408</b> <b>Saint Paul, MN 55116</b> Number Street City State Zip Code	Last 4 digits of account number <b>8310</b>	\$23,089.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b> <b>Opened 03/01 Last Active 7/30/18</b>	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	

**Educational**

4.9  
4

<b>UC Health</b> Nonpriority Creditor's Name <b>PO Box 630911</b> <b>Cincinnati, OH 45263-0911</b> Number Street City State Zip Code	Last 4 digits of account number <b>4177</b>	\$179.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b>	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	

**Debtor 1 Joseph Eric Timothy Reiring  
Debtor 2 Jill Ayn Reiring**

Case number (if known)

<p><b>4.9</b></p> <p><b>5</b></p> <p><b>UC Health</b></p> <hr/> <p>Nonpriority Creditor's Name  <b>PO Box 630911</b>  <b>Cincinnati, OH 45263-0911</b></p> <hr/> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>7667</b></p> <hr/> <p><b>When was the debt incurred?</b></p> <hr/> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical</b></p> <hr/>	<p><b>\$622.00</b></p>
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<p><b>UC Health - Dept of Ortho &amp; Sports Med</b></p> <hr/> <p>Nonpriority Creditor's Name  <b>222 Piedmont Ave, Ste 2200 Cincinnati, OH 45219</b></p> <hr/> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>4432</b></p> <hr/> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical</b></p>
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<p><b>University of Cincinnati Physicians LLC</b></p> <hr/> <p>Nonpriority Creditor's Name <b>PO Box 630861 Cincinnati, OH 45263-0861</b></p> <hr/> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Debtor 1 only</li> <li><input type="checkbox"/> Debtor 2 only</li> <li><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</li> <li><input type="checkbox"/> At least one of the debtors and another</li> </ul> <p><b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul>	<p>Last 4 digits of account number <input style="width: 150px; border: 1px solid black; height: 20px; vertical-align: middle;" type="text"/></p> <p>When was the debt incurred? <input style="width: 150px; border: 1px solid black; height: 20px; vertical-align: middle;" type="text"/></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student loans</li> <li><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</li> <li><input checked="" type="checkbox"/> Other. Specify <input style="width: 150px; border: 1px solid black; height: 20px; vertical-align: middle;" type="text"/></li> </ul>
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Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.9 8	<b>University Pediatrics</b> Nonpriority Creditor's Name <b>PO Box 277775</b> <b>Atlanta, GA 30384-7775</b> Number Street City State Zip Code	Last 4 digits of account number <b>0871</b>	<b>\$121.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical</b></p>			
<p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p>			

4.9 9	<b>University Pointe Surgical Hospital</b> Nonpriority Creditor's Name <b>PO Box 6048</b> <b>Cincinnati, OH 45270-6048</b> Number Street City State Zip Code	Last 4 digits of account number <b>4432</b>	<b>\$78.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical</b></p>			
<p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p>			

4.1 00	<b>US Bank Corporation</b> Nonpriority Creditor's Name <b>PO Box 5227</b> <b>Cincinnati, OH 45202</b> Number Street City State Zip Code	Last 4 digits of account number <b>3030</b>	<b>\$1,672.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Bank fees</b></p>			
<p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p>			

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

4.1 01	<b>Wakefield &amp; Associates</b> Nonpriority Creditor's Name <b>PO Box 59003</b> <b>Knoxville, TN 37950</b> Number Street City State Zip Code	Last 4 digits of account number <b>7797</b>	\$58.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Collections for Summerville ER Dept</b> <input type="checkbox"/> Yes			

4.1 02	<b>West Chester Hospital</b> Nonpriority Creditor's Name <b>PO Box 12150</b> <b>Charlotte, NC 28220</b> Number Street City State Zip Code	Last 4 digits of account number <b>8110</b>	\$140.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Medical</b> <input type="checkbox"/> Yes			

### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address <b>ACS Primary Care Phys SE, PC</b> <b>PO Box 740022</b> <b>Cincinnati, OH 45274</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.46</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Allstate Property &amp; Casualty Co</b> <b>PO Box 663100</b> <b>Dallas, TX 75266-3100</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.35</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	

Name and Address <b>Capio Partners</b> <b>2222 Texoma Pkwy, Ste 150</b> <b>Sherman, TX 75090</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.86</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	

Name and Address <b>Capital Management Services, LP</b> <b>698 1/2 South Ogden Street</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.100</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**Buffalo, NY 14206-2317**

Last 4 digits of account number

Name and Address  
**CBCS**  
**PO Box 2589**  
**Columbus, OH 43216-2589**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**CBE Group**  
**PO Box 2337**  
**Waterloo, IA 50704-2337**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Choice Recovery**  
**1550 Old Henderson Rd, Ste S100**  
**Columbus, OH 43220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Controlled Credit Corporation**  
**3287 Warsaw Ave**  
**Cincinnati, OH 45205-1744**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.73** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Controlled Credit Corporation**  
**3287 Warsaw Ave**  
**Cincinnati, OH 45205-1744**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.89** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Controlled Credit Corporation**  
**3287 Warsaw Ave**  
**Cincinnati, OH 45205-1744**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Convergent Outsourcing, Inc.**  
**P. O. Box 9004**  
**Renton, WA 98057-9004**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Credit Collections Partners**  
**905 W. Spresser Street**  
**Taylorville, IL 62568-1831**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Denovus Corporation LTD.**  
**POB 793**  
**Washington, PA 15301**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Dynamic Recovery Solutions**  
**PO Box 25759**  
**Greenville, SC 29616-0759**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Jefferson Capital Systems, Inc.**  
**16 McLeland Rd**  
**Saint Cloud, MN 56303**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

Name and Address <b>Jefferson Capital Systems, Inc.</b> <b>16 McLeland Rd</b> <b>Saint Cloud, MN 56303</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.70</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Medicredit Inc.</b> <b>P.O. Box 1629</b> <b>Maryland Heights, MO 63043-0629</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.86</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Monarch Recovery Services</b> <b>PO Box 21089</b> <b>Philadelphia, PA 19114-0589</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.39</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>MRS BPO, LLC</b> <b>1930 Olney Avenue</b> <b>Cherry Hill, NJ 08003</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.79</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Newby, Sartip, Masel &amp; Casper, LLC</b> <b>P. O. Box 808</b> <b>Myrtle Beach, SC 29578-0808</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.86</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>PMAB Inc.</b> <b>PO Box 12150</b> <b>Charlotte, NC 28220-2150</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.102</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Real Time Solutions</b> <b>Dept. 107565</b> <b>PO Box 1259</b> <b>Oaks, PA 19456</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.23</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Tate &amp; Kirlin Associates, Inc</b> <b>580 Middletown Blvd, Ste 240</b> <b>Langhorne, PA 19047</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.39</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Transworld Systems Inc</b> <b>PO Box 17221</b> <b>Wilmington, DE 19850</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.78</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Tricom Diagnostics Imaging</b> <b>2851 Tricom Blvd.</b> <b>Charleston, SC 29406</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.74</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Trident Anesthesia Group LLC</b> <b>9263 Medical Plaza Dr., Ste. E</b> <b>Charleston, SC 29406</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.8</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a. \$ <b>0.00</b>	Total Claim
	6b. Taxes and certain other debts you owe the government	6b. \$ <b>30,500.00</b>	
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <b>0.00</b>	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <b>0.00</b>	
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ <b>30,500.00</b>	Total Claim
Total claims from Part 2	6f. Student loans	6f. \$ <b>53,272.00</b>	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <b>0.00</b>	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <b>0.00</b>	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <b>169,693.35</b>	
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ <b>222,965.35</b>	Total Claim

Fill in this information to identify your case:

Debtor 1	<b>Joseph Eric Timothy Reiring</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jill Ayn Reiring</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease			State what the contract or lease is for
	Name, Number, Street, City, State and ZIP Code			
2.1	Name			
	Number	Street		
	City	State	ZIP Code	
2.2	Name			
	Number	Street		
	City	State	ZIP Code	
2.3	Name			
	Number	Street		
	City	State	ZIP Code	
2.4	Name			
	Number	Street		
	City	State	ZIP Code	
2.5	Name			
	Number	Street		
	City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	<b>Joseph Eric Timothy Reiring</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jill Ayn Reiring</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

**3.1**

Name \_\_\_\_\_

Number  
City

Street

State

ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

**3.2**

Name \_\_\_\_\_

Number  
City

Street

State

ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Joseph Eric Timothy Reiring</u>
Debtor 2 (Spouse, if filing)	<u>Jill Ayn Reiring</u>
United States Bankruptcy Court for the:	<u>DISTRICT OF SOUTH CAROLINA</u>
Case number (if known)	_____

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>Truck driver</u>	<u>Loan processor</u>
Employer's name	<u>Blue Max Trucking</u>	<u>RB Processing</u>
Employer's address	<u>255 Farmington Road Summerville, SC 29485</u>	<u>109 Carnegie Court Summerville, SC 29483</u>

How long employed there? 3 years 2 years, 10 months

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>0.00</u>

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

Copy line 4 here .....	For Debtor 1	For Debtor 2 or non-filing spouse
5. List all payroll deductions:	4. \$ <b>0.00</b>	\$ <b>0.00</b>
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>0.00</b>	\$ <b>0.00</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>0.00</b>	\$ <b>0.00</b>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <b>0.00</b>	\$ <b>0.00</b>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>1,300.00</b>	\$ <b>6,800.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>1,300.00</b>	\$ <b>6,800.00</b>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>1,300.00</b>	+ \$ <b>6,800.00</b> = \$ <b>8,100.00</b>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <b>0.00</b>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <b>8,100.00</b>	<b>Combined monthly income</b>
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

United States Bankruptcy Court  
District of South Carolina

In re Joseph Eric Timothy Reiring  
Jill Ayn Reiring

Debtor(s)

Case No.  
Chapter 13

**BUSINESS INCOME AND EXPENSES**

**FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS** (NOTE: ONLY INCLUDE information directly related to the business operation.)

**PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:**

1. Gross Income For 12 Months Prior to Filing: \$ 0.00

**PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:**

2. Gross Monthly Income \$ 8,000.00

**PART C - ESTIMATED FUTURE MONTHLY EXPENSES:**

3. Net Employee Payroll (Other Than Debtor) \$ 0.00

4. Payroll Taxes 1,000.00

5. Unemployment Taxes 0.00

6. Worker's Compensation 0.00

7. Other Taxes 0.00

8. Inventory Purchases (Including raw materials) 0.00

9. Purchase of Feed/Fertilizer/Seed/Spray 0.00

10. Rent (Other than debtor's principal residence) 0.00

11. Utilities 0.00

12. Office Expenses and Supplies 100.00

13. Repairs and Maintenance 0.00

14. Vehicle Expenses 0.00

15. Travel and Entertainment 50.00

16. Equipment Rental and Leases 0.00

17. Legal/Accounting/Other Professional Fees 50.00

18. Insurance 0.00

19. Employee Benefits (e.g., pension, medical, etc.) 0.00

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION	TOTAL
-------------	-------

21. Other (Specify):

DESCRIPTION	TOTAL
-------------	-------

22. Total Monthly Expenses (Add items 3-21) \$ 1,200.00

**PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:**

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2) \$ 6,800.00

Fill in this information to identify your case:

Debtor 1	<b>Joseph Eric Timothy Reiring</b>
Debtor 2	<b>Jill Ayn Reiring</b>
(Spouse, if filing)	
United States Bankruptcy Court for the:	<b>DISTRICT OF SOUTH CAROLINA</b>
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes.

Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

**Daughter**

**12**

No

Yes

No

Yes

No

Yes

No

Yes

**Son**

**18**

No

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I.)

#### Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **2,450.00**

##### If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<b>0.00</b>
4b. \$	<b>45.00</b>
4c. \$	<b>0.00</b>
4d. \$	<b>42.00</b>
5. \$	<b>0.00</b>

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas	6a. \$ <u>385.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>75.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>650.00</u>
	6d. Other. Specify: <u>Home security</u>	6d. \$ <u>60.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>700.00</u>	
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>50.00</u>	
10. <b>Personal care products and services</b>	10. \$ <u>50.00</u>	
11. <b>Medical and dental expenses</b>	11. \$ <u>50.00</u>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>200.00</u>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>0.00</u>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>60.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>227.71</u>	
15d. Other insurance. Specify:	15d. \$ <u>0.00</u>	
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Vehicle taxes</u>	16. \$ <u>50.00</u>	
17. <b>Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: <u>Student loans (standard)</u>	17c. \$ <u>200.00</u>	
17d. Other. Specify:	17d. \$ <u>0.00</u>	
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify:	\$ <u>0.00</u>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. <b>Other:</b> Specify: <u>Pet care</u>	21. +\$ <u>150.00</u>	
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$ <u>5,444.71</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>5,444.71</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>8,100.00</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>5,444.71</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>2,655.29</u>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	<b>Joseph Eric Timothy Reiring</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jill Ayn Reiring</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

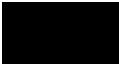
Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Joseph Eric Timothy Reiring

Joseph Eric Timothy Reiring

Signature of Debtor 1

Date October 25, 2018

X /s/ Jill Ayn Reiring

Jill Ayn Reiring

Signature of Debtor 2

Date October 25, 2018

Fill in this information to identify your case:

Debtor 1	<b>Joseph Eric Timothy Reiring</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jill Ayn Reiring</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

108 Carnegie Court  
Summerville, SC 29486

Dates Debtor 1  
lived there

From-To:  
2/2016-3/2017

Debtor 2 Prior Address:

Same as Debtor 1

Dates Debtor 2  
lived there

Same as Debtor 1  
From-To:

408 Abelia Lane  
Summerville, SC 29486

From-To:  
8/2015-3/2016

Same as Debtor 1

Same as Debtor 1  
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

Debtor 1	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
----------	--	--	----------	--	--

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$12,000.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$85,366.00</b>
<b>For last calendar year: (January 1 to December 31, 2017 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$28,944.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$65,235.00</b>
<b>For the calendar year before that: (January 1 to December 31, 2016 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$29,994.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$58,762.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

	<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	Rental Income	\$13,000.00		
<b>For last calendar year: (January 1 to December 31, 2017 )</b>	Rental Income	\$15,600.00		
<b>For the calendar year before that: (January 1 to December 31, 2016 )</b>	Rental Income	\$15,600.00		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
<b>Lincoln Automotive Financial Service Attn: Bankruptcy Po Box 542000 Omaha, NE 68154</b>	<b>8/2018, 9/2018</b>	<b>\$1,358.00</b>	<b>\$22,307.00</b>	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>US Bank National Association vs. Jill Reiring et al. 2018CV091386</b>	<b>Foreclosure</b>	<b>Warren County Clerk of Court 500 Justice Dr Lebanon, OH 45036</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

**Filed 8/16/2018**

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
 Check all that apply and fill in the details below.

No. Go to line 11.  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			
Guardian Fin Attn: Bankruptcy 3806 Fishinger Blvd Hilliard, OH 43026	Repossessed 2006 BMW 320xi	8/2018	\$8,625.00
	<input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Charity's Name	Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
--	----------------	--	-------------------------------	-----------------------	-------

#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.			

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (*if known*)

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Steadman Law Firm, P.A. 6296 Rivers Ave Charleston, SC 29406	Filing fee \$310, Credit report \$66, Attorney fees \$1624	8/31/2018	\$2,000.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
---------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Address  Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

Debtor 1 **Joseph Eric Timothy Reiring**  
 Debtor 2 **Jill Ayn Reiring**

Case number (*if known*)

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

#### Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

#### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

Debtor 1 **Joseph Eric Timothy Reiring**  
Debtor 2 **Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No  
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation  
 No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed EIN: From-To 1/1/2016-present
RB Processing 109 Carnegie Court Summerville, SC 29483	Mortgage loan processing	

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

No  
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Joseph Eric Timothy Reiring  
Joseph Eric Timothy Reiring  
Signature of Debtor 1

Date October 25, 2018

/s/ Jill Ayn Reiring  
Jill Ayn Reiring  
Signature of Debtor 2

Date October 25, 2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Joseph Eric Timothy Reiring

Debtor 2 Jill Ayn Reiring  
(Spouse, if filing)

United States Bankruptcy Court for the: District of South Carolina

Case number  
(if known) \_\_\_\_\_

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- 3. The commitment period is 3 years.
- 4. The commitment period is 5 years.

Check if this is an amended filing

## Official Form 122C-1

### Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.
  - Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.
5. Net income from operating a business, profession, or farm

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

- Gross receipts (before all deductions) \$ 1,300.00 \$ 10,201.83
- Ordinary and necessary operating expenses -\$ 1,073.95 -\$ 715.00
- Net monthly income from a business, profession, or farm \$ 226.05 \$ 9,486.83
6. Net income from rental and other real property

Debtor 1	Debtor 2
Gross receipts (before all deductions) \$ <u>0.00</u>	
Ordinary and necessary operating expenses -\$ <u>0.00</u>	
Net monthly income from rental or other real property \$ <u>0.00</u>	\$ <u>0.00</u>

*Copy here -> \$ 226.05 \$ 9,486.83*

Debtor 1  
Debtor 2

**Joseph Eric Timothy Reiring**  
**Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**7. Interest, dividends, and royalties**

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you ..... \$ **0.00**  
For your spouse ..... \$ **0.00**

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.

\$ **0.00** \$ **0.00**

**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ **0.00** \$ **0.00**  
\$ **0.00** \$ **0.00**

Total amounts from separate pages, if any.

+ \$ **0.00** \$ **0.00**

**11. Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ **226.05** + \$ **9,486.83** = \$ **9,712.88**

Total average monthly income

**Part 2: Determine How to Measure Your Deductions from Income**

**12. Copy your total average monthly income from line 11.** ..... \$ **9,712.88**

**13. Calculate the marital adjustment.** Check one:

- You are not married. Fill in 0 below.
- You are married and your spouse is filing with you. Fill in 0 below.
- You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

\$ _____	\$ _____
\$ _____	+\$ _____
Total ..... \$ <b>0.00</b>	
Copy here=> - <b>0.00</b>	

**14. Your current monthly income.** Subtract line 13 from line 12.

\$ **9,712.88**

**15. Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> .....

\$ **9,712.88**

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form. ....

\$ **116,554.56**

Debtor 1  
Debtor 2

**Joseph Eric Timothy Reiring**  
**Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**16. Calculate the median family income that applies to you. Follow these steps:**

16a. Fill in the state in which you live. **SC**

16b. Fill in the number of people in your household. **4**

16c. Fill in the median family income for your state and size of household.

\$ **77,564.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

17a.  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3. Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3 and fill out *Calculation of Your Disposable Income* (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. Copy your total average monthly income from line 11. \$ **9,712.88**

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ **0.00**

19b. Subtract line 19a from line 18.

\$ **9,712.88**

**20. Calculate your current monthly income for the year. Follow these steps:**

20a. Copy line 19b. \$ **9,712.88**

Multiply by 12 (the number of months in a year).

x **12**

20b. The result is your current monthly income for the year for this part of the form

\$ **116,554.56**

20c. Copy the median family income for your state and size of household from line 16c.

\$ **77,564.00**

**21. How do the lines compare?**

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Joseph Eric Timothy Reiring**

**Joseph Eric Timothy Reiring**

Signature of Debtor 1

Date **October 25, 2018**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

**X /s/ Jill Ayn Reiring**

**Jill Ayn Reiring**

Signature of Debtor 2

Date **October 25, 2018**

MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Joseph Eric Timothy Reiring

Debtor 2 Jill Ayn Reiring

(Spouse, if filing)

United States Bankruptcy Court for the: District of South Carolina

Case number  
(if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 122C-2

## Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

### Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

#### 5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

#### National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 1,694.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1  
Debtor 2

**Joseph Eric Timothy Reiring**  
**Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person	\$ <u>52</u>
7b. Number of people who are under 65	X <u>4</u>
7c. Subtotal. Multiply line 7a by line 7b.	\$ <u>208.00</u>
	Copy here=> \$ <u>208.00</u>

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person	\$ <u>114</u>
7e. Number of people who are 65 or older	X <u>0</u>
7f. Subtotal. Multiply line 7d by line 7e.	\$ <u>0.00</u>
	Copy here=> \$ <u>0.00</u>

7g. Total. Add line 7c and line 7f	\$ <u>208.00</u>	Copy total here=> \$ <u>208.00</u>
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**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

**Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:**

**■ Housing and utilities - Insurance and operating expenses**

**■ Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 652.00

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.	\$ <u>1,169.00</u>
---	--------------------

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

**Name of the creditor**

**Average monthly payment**

Ocwen Loan Servicing, Llc

\$ 1,100.00

9b. Total average monthly payment

\$ 1,100.00

Copy here=> -\$ 1,100.00 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than \$0, enter \$0.

\$ <u>69.00</u>	Copy here=> \$ <u>69.00</u>
-----------------	-----------------------------

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: \_\_\_\_\_

Debtor 1 Joseph Eric Timothy Reiring  
Debtor 2 Jill Ayn Reiring

Case number (if known) \_\_\_\_\_

11. <b>Local transportation expenses:</b> Check the number of vehicles for which you claim an ownership or operating expense.											
<input type="checkbox"/> 0. Go to line 14. <input type="checkbox"/> 1. Go to line 12. <input checked="" type="checkbox"/> 2 or more. Go to line 12.											
12. <b>Vehicle operation expense:</b> Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the <i>Operating Costs</i> that apply for your Census region or metropolitan statistical area. \$ <u><b>392.00</b></u>											
13. <b>Vehicle ownership or lease expense:</b> Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.											
<b>Vehicle 1 Describe Vehicle 1:</b> <u>2012 Ford F150 163200 miles VIN: 1FTFW1EF6CFC53045</u>											
13a. Ownership or leasing costs using IRS Local Standard..... \$ <u><b>497.00</b></u>											
13b. Average monthly payment for all debts secured by Vehicle 1.  Do not include costs for leased vehicles.											
<p>To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.</p> <table border="0"> <tr> <td><b>Name of each creditor for Vehicle 1</b></td> <td><b>Average monthly payment</b></td> </tr> <tr> <td><u>Lincoln Automotive Financial Service</u></td> <td>\$ <u><b>307.61</b></u></td> </tr> <tr> <td>Total Average Monthly Payment</td> <td>\$ <u><b>307.61</b></u></td> </tr> <tr> <td></td> <td><b>Copy here =&gt; - \$ <u><b>307.61</b></u></b></td> </tr> <tr> <td></td> <td style="text-align: right;">Repeat this amount on line 33b.</td> </tr> </table>		<b>Name of each creditor for Vehicle 1</b>	<b>Average monthly payment</b>	<u>Lincoln Automotive Financial Service</u>	\$ <u><b>307.61</b></u>	Total Average Monthly Payment	\$ <u><b>307.61</b></u>		<b>Copy here =&gt; - \$ <u><b>307.61</b></u></b>		Repeat this amount on line 33b.
<b>Name of each creditor for Vehicle 1</b>	<b>Average monthly payment</b>										
<u>Lincoln Automotive Financial Service</u>	\$ <u><b>307.61</b></u>										
Total Average Monthly Payment	\$ <u><b>307.61</b></u>										
	<b>Copy here =&gt; - \$ <u><b>307.61</b></u></b>										
	Repeat this amount on line 33b.										
13c. Net Vehicle 1 ownership or lease expense  Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. ....											
<table border="0"> <tr> <td>\$ <u><b>189.39</b></u></td> <td><b>Copy net Vehicle 1 expense here =&gt; \$ <u><b>189.39</b></u></b></td> </tr> </table>		\$ <u><b>189.39</b></u>	<b>Copy net Vehicle 1 expense here =&gt; \$ <u><b>189.39</b></u></b>								
\$ <u><b>189.39</b></u>	<b>Copy net Vehicle 1 expense here =&gt; \$ <u><b>189.39</b></u></b>										
<b>Vehicle 2 Describe Vehicle 2:</b> <u>2011 Chevrolet Camaro 95000 miles VIN: 2G1FB1ED4B9204310</u>											
13d. Ownership or leasing costs using IRS Local Standard..... \$ <u><b>497.00</b></u>											
13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.											
<table border="0"> <tr> <td><b>Name of each creditor for Vehicle 2</b></td> <td><b>Average monthly payment</b></td> </tr> <tr> <td><u>Regional Acceptance Corp</u></td> <td>\$ <u><b>201.55</b></u></td> </tr> <tr> <td>Total average monthly payment</td> <td>\$ <u><b>201.55</b></u></td> </tr> <tr> <td></td> <td><b>Copy here =&gt; - \$ <u><b>201.55</b></u></b></td> </tr> <tr> <td></td> <td style="text-align: right;">Repeat this amount on line 33c.</td> </tr> </table>		<b>Name of each creditor for Vehicle 2</b>	<b>Average monthly payment</b>	<u>Regional Acceptance Corp</u>	\$ <u><b>201.55</b></u>	Total average monthly payment	\$ <u><b>201.55</b></u>		<b>Copy here =&gt; - \$ <u><b>201.55</b></u></b>		Repeat this amount on line 33c.
<b>Name of each creditor for Vehicle 2</b>	<b>Average monthly payment</b>										
<u>Regional Acceptance Corp</u>	\$ <u><b>201.55</b></u>										
Total average monthly payment	\$ <u><b>201.55</b></u>										
	<b>Copy here =&gt; - \$ <u><b>201.55</b></u></b>										
	Repeat this amount on line 33c.										
13f. Net Vehicle 2 ownership or lease expense  Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ....											
<table border="0"> <tr> <td>\$ <u><b>295.45</b></u></td> <td><b>Copy net Vehicle 2 expense here =&gt; \$ <u><b>295.45</b></u></b></td> </tr> </table>		\$ <u><b>295.45</b></u>	<b>Copy net Vehicle 2 expense here =&gt; \$ <u><b>295.45</b></u></b>								
\$ <u><b>295.45</b></u>	<b>Copy net Vehicle 2 expense here =&gt; \$ <u><b>295.45</b></u></b>										
14. <b>Public transportation expense:</b> If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the <i>Public Transportation expense allowance regardless of whether you use public transportation.</i> \$ <u><b>0.00</b></u>											
15. <b>Additional public transportation expense:</b> If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for <i>Public Transportation.</i> \$ <u><b>0.00</b></u>											

Debtor 1  
Debtor 2

**Joseph Eric Timothy Reiring**  
**Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  
Do not include real estate, sales, or use taxes. \$ **0.00**

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ **0.00**

18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ **0.00**

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ **0.00**

20. **Education:** The total monthly amount that you pay for education that is either required:  
 as a condition for your job, or  
 for your physically or mentally challenged dependent child if no public education is available for similar services. \$ **0.00**

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  
Do not include payments for any elementary or secondary school education. \$ **0.00**

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  
Payments for health insurance or health savings accounts should be listed only in line 25. \$ **0.00**

23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$ **0.00**

24. **Add all of the expenses allowed under the IRS expense allowances.** \$ **3,499.84**  
Add lines 6 through 23.

**Additional Expense Deductions**

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ **0.00**

Disability insurance \$ **0.00**

Health savings account +\$ **0.00**

Total \$ **0.00** Copy total here=> ..... \$ **0.00**

Do you actually spend this total amount?

No. How much do you actually spend?

Yes \$ \_\_\_\_\_

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) \$ **0.00**

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

By law, the court must keep the nature of these expenses confidential. \$ **0.00**

Debtor 1 Joseph Eric Timothy Reiring  
Debtor 2 Jill Ayn Reiring

Case number (if known) \_\_\_\_\_

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ **0.00**

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

\$ **0.00**

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ **0.00**

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).

Do not include any amount more than 15% of your gross monthly income.

\$ **0.00**

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ **0.00**

#### Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

##### Mortgages on your home

Average monthly payment

33a. Copy line 9b here => \$ **1,100.00**

##### Loans on your first two vehicles

33b. Copy line 13b here => \$ **307.61**

33c. Copy line 13e here => \$ **201.55**

33d. List other secured debts:

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

No

\$ **42.23**

No

\$ **38.09**

No

\$ **38.39**

Badcock Furniture

Sectional sofa & rug

Conn's HomePlus

65" Samsun 4D Curve

Kimbrell's of SC Inc.

Bedroom suite

33e Total average monthly payment. Add lines 33a through 33d

\$ **1,727.87**

Copy total here=>

\$ **1,727.87**

Debtor 1 Joseph Eric Timothy Reiring  
Debtor 2 Jill Ayn Reiring

Case number (if known)

**34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

No. Go to line 35.  
 Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
Ocwen Loan Servicing, LLC	922 Hamlin Drive Maineville, OH 45039 Warren County Parcel ID: 1603303004	\$ 8,335.15	÷ 60 = \$ 138.92
		\$ _____	÷ 60 = \$ _____
		\$ _____	÷ 60 = +\$ _____
		Total \$ 138.92	Copy total here=> \$ 138.92

**35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.**

No. Go to line 36.  
 Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims .....

\$ 30,500.00 ÷ 60 \$ 508.34  
\$ 2,650.00

**36. Projected monthly Chapter 13 plan payment**

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

X 8.90  
\$ 235.85 Copy total here=> \$ 235.85

**37. Add all of the deductions for debt payment.**

Add lines 33e through 36.

**Total Deductions from Income**

**38. Add all of the allowed deductions.**

Copy line 24, All of the expenses allowed under IRS expense allowances .....

\$ 3,499.84

Copy line 32, All of the additional expense deductions .....

\$ 0.00

Copy line 37, All of the deductions for debt payment .....

+\$ 2,610.98

Total deductions.....

\$ 6,110.82

Copy total here=> \$ 6,110.82

Debtor 1  
Debtor 2

**Joseph Eric Timothy Reiring**  
**Jill Ayn Reiring**

Case number (if known) \_\_\_\_\_

**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**

39. Copy your total current monthly income from line 14 of Form 122C-1, *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period*. \$ **9,712.88**

40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ **0.00**

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ **0.00**

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => \$ **6,110.82**

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
average annual self employment income difference	\$ <b>3,787.42</b>
	\$ _____
	\$ _____
Total	\$ <b>3,787.42</b> Copy here=> \$ <b>3,787.42</b>
44. Total adjustments. Add lines 40 through 43.	=> \$ <b>9,898.24</b> Copy here=> -\$ <b>9,898.24</b>
45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.	\$ <b>-185.36</b>

**Part 3: Change in Income or Expenses**

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____

Debtor 1  
Debtor 2

**Joseph Eric Timothy Reiring**  
**Jill Ayn Reiring**

Case number (*if known*) \_\_\_\_\_

**Part 4: Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

**X /s/ Joseph Eric Timothy Reiring**

**Joseph Eric Timothy Reiring**

Signature of Debtor 1

Date **October 25, 2018**

MM / DD / YYYY

**X /s/ Jill Ayn Reiring**

**Jill Ayn Reiring**

Signature of Debtor 2

Date **October 25, 2018**

MM / DD / YYYY

Debtor 1  
Debtor 2

**Joseph Eric Timothy Reiring**  
**Jill Ayn Reiring**

Case number (*if known*) \_\_\_\_\_

### Current Monthly Income Details for the Debtor

#### Debtor Income Details:

Income for the Period **04/01/2018** to **09/30/2018**.

#### Line 5 - Income from operation of a business, profession, or farm

Source of Income: **Rental property**

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	04/2018	\$1,300.00	\$1,073.95	\$226.05
5 Months Ago:	05/2018	\$1,300.00	\$1,073.95	\$226.05
4 Months Ago:	06/2018	\$1,300.00	\$1,073.95	\$226.05
3 Months Ago:	07/2018	\$1,300.00	\$1,073.95	\$226.05
2 Months Ago:	08/2018	\$1,300.00	\$1,073.95	\$226.05
Last Month:	09/2018	\$1,300.00	\$1,073.95	\$226.05
Average per month:		\$1,300.00	\$1,073.95	
Average Monthly NET Income:				<b>\$226.05</b>

Debtor 1  
Debtor 2

**Joseph Eric Timothy Reiring**  
**Jill Ayn Reiring**

Case number (if known)

### Current Monthly Income Details for the Debtor's Spouse

#### Spouse Income Details:

Income for the Period **04/01/2018 to 09/30/2018**.

#### Line 5 - Income from operation of a business, profession, or farm

Source of Income: **RB Processing**

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	04/2018	\$8,535.00	\$365.00	\$8,170.00
5 Months Ago:	05/2018	\$11,190.00	\$1,200.00	\$9,990.00
4 Months Ago:	06/2018	\$6,445.00	\$400.00	\$6,045.00
3 Months Ago:	07/2018	\$15,321.00	\$1,500.00	\$13,821.00
2 Months Ago:	08/2018	\$9,870.00	\$350.00	\$9,520.00
Last Month:	09/2018	\$9,850.00	\$475.00	\$9,375.00
Average per month:		\$10,201.83	\$715.00	
Average Monthly NET Income:				\$9,486.83

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

### You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	administrative fee
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	administrative fee
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court  
District of South Carolina**

In re **Joseph Eric Timothy Reiring  
Jill Ayn Reiring**

Debtor(s)

Case No.

Chapter

**13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <b>4,200.00</b>
Prior to the filing of this statement I have received .....	\$ <b>1,624.00</b>
Balance Due .....	\$ <b>2,576.00</b>

2. \$ **310.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor       Other (specify):

4. The source of compensation to be paid to me is:

Debtor       Other (specify):

5.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any appeals, post confirmation motions, modifications, moratoriums, unusually heavily contested and unusual contested matters, dischargeability actions, judicial lien avoidance, relief from stay actions or any other adversary proceedings.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 25, 2018

Date

/s/ Richard A Steadman, Jr.

**Richard A Steadman, Jr. 4284**

*Signature of Attorney*

**Steadman Law Firm, P.A.**

**6296 Rivers Avenue**

**Suite 102**

**Charleston, SC 29406**

**843-529-1100 Fax: 843-529-0027**

**rsteadman@steadmanlawfirm.com**

*Name of law firm*

**LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1**

**United States Bankruptcy Court  
District of South Carolina**

In re **Joseph Eric Timothy Reiring  
Jill Ayn Reiring**

Debtor(s)

Case No.

Chapter

**13**

**CERTIFICATION VERIFYING CREDITOR MATRIX**

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

Master mailing list of creditors submitted via:

(a)  computer diskette  
(b)  scannable hard copy  
(number of sheets submitted       )  
(c)  electronic version filed via CM/ECF

Date: October 25, 2018

/s/ Joseph Eric Timothy Reiring

**Joseph Eric Timothy Reiring**

Signature of Debtor

Date: October 25, 2018

/s/ Jill Ayn Reiring

**Jill Ayn Reiring**

Signature of Debtor

Date: October 25, 2018

/s/ Richard A Steadman, Jr.

Signature of Attorney

**Richard A Steadman, Jr. 4284**

**Steadman Law Firm, P.A.**

**6296 Rivers Avenue**

**Suite 102**

**Charleston, SC 29406**

**843-529-1100 Fax: 843-529-0027**

Typed/Printed Name/Address/Telephone

**4284 SC**

District Court I.D. Number

ACS PRIMARY CARE PHYS SE, PC  
PO BOX 740022  
CINCINNATI OH 45274

ALLSTATE PROPERTY & CASUALTY CO  
PO BOX 663100  
DALLAS TX 75266-3100

AMCOL SYSTEMS INC  
111 LANCEWOOD RD  
COLUMBIA SC 29210

AMERICAN GENERAL FINANCE, INC.  
641 NORTHLAND BLVD  
CINCINNATI OH 45240

APPLIED BANK  
PO BOX 2589  
COLUMBUS OH 43219

AXCESS FINANCIAL  
7755 MONTOGOMERY ROAD  
SUITE 400  
CINCINNATI OH 45236

BADCOCK FURNITURE  
PO BOX 724  
MULBERRY FL 33860

BILL & LISA PARCHMAN  
990 BAMBURGH DRIVE  
MAINEVILLE OH 45039

BLUE MAX TRUCKING, INC.  
1015 E. WESTINGHOUSE BLVD  
CHARLOTTE NC 28273

CANE BAY CHIROPRACTIC & WELLNESS CENTER  
1724 STATE ROAD, STE 1D  
SUMMERTON SC 29486

CAPIO PARTNERS  
2222 TEXOMA PKWY STE 150  
SHERMAN TX 75090

CAPIO PARTNERS  
2222 TEXOMA PKWY, STE 150  
SHERMAN TX 75090

CAPIO PARTNERS LLC  
ATTN: BANKRUPTCY  
PO BOX 3498  
SHERMAN TX 75091

CAPITAL MANAGEMENT SERVICES, LP  
698 1/2 SOUTH OGDEN STREET  
BUFFALO NY 14206-2317

CAPITAL RECOVERY SYSTEMS INC.  
750 CROSS POINTE RD, STE. S  
COLUMBUS OH 43230-6693

CARNES CROSSROADS DENTAL  
2900 N. MAIN STREET, STE G  
MONCKS CORNER SC 29461

CAROLINA PAYDAY LOANS  
320 TROLLEY ROAD SUITE E  
SUMMERTON SC 29485

CASH CREDIT  
1672 N. MAIN STREET, SUITE 7  
SUMMERTON SC 29483

CASHNET USA  
175 WEST JACKSON  
SUITE 1000  
CHICAGO IL 60604

CASHNET USA  
200 WEST JACKSON, STE 1400  
CHICAGO IL 60606-6988

CBCS  
PO BOX 2589  
COLUMBUS OH 43216-2589

CBE GROUP  
PO BOX 2337  
WATERLOO IA 50704-2337

CHARLESTON ENT  
2295 HENRY TECKLENBERG DR  
CHARLESTON SC 29414

CHARLESTON RADIOLOGISTS  
PO BXO 781299  
SEBASTIAN FL 32978-1299

CHECK N GO  
100 COMMERCIAL DRIVE  
FAIRFIELD OH 45014

CHOICE RECOVERY  
1550 OLD HENDERSON RD, STE S100  
COLUMBUS OH 43220

CHRIST HOSPITAL PHYSICIANS  
PO BOX 630887  
CINCINNATI OH 45263-0887

CINCINNATI BELL CO  
PO BOX 748003  
CINCINNATI OH 45274-8003

CINCINNATI CHILDRENS HOSPITAL  
PO BOX 5209  
CINCINNATI OH 45201-5209

COASTAL BARIATRIC & SURGICAL CENTER  
PO BOX 740776  
CINCINNATI OH 45274-0776

COASTAL ORAL & MAXILLOFACIAL  
4221 UNIVERSITY BLVD SUITE D1A  
CHARLESTON SC 29406

COASTAL TURF COMPANY  
PO BOX 2205  
SUMMERTOWN SC 29484

CONN'S HOMEPLUS  
ATTN: BANKRUPTCY  
PO BOX 2358  
BEAUMONT TX 77704

CONTROLLED CREDIT CORPORATION  
3287 WARSAW AVE  
CINCINNATI OH 45205-1744

CONVERGENT OUTSOURCING, INC.  
P. O. BOX 9004  
RENTON WA 98057-9004

CREDIT COLLECTION BUREAU  
PO BOX 90508  
SIOUX FALLS SD 57109

CREDIT COLLECTION SERVICE  
POB 55126  
BOSTON MA 02205-5126

CREDIT COLLECTIONS PARTNERS  
905 W. SPRESSER STREET  
TAYLORVILLE IL 62568-1831

CREDIT ONE BANK  
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PO BOX 98873  
LAS VEGAS NV 89193

DENOVOUS CORPORATION LTD.  
POB 793  
WASHINGTON PA 15301

DIXIE CLEANERS  
PO BOX 267  
HOLLY HILL SC 29059

DYNAMIC RECOVERY SOLUTIONS  
PO BOX 25759  
GREENVILLE SC 29616-0759

FAYETTE COUNTY CLERK OF COURT  
221 S 7TH ST  
VANDALIA IL 62471

FIFTH THIRD BANK  
PO BOX 21089  
PHILADELPHIA PA 19114

FIRST PREMIER BANK  
ATTN: BANKRUPTCY  
PO BOX 5524  
SIOUX FALLS SD 57117

FULL CIRCLE MANAGEMENT SERVICES  
PO BOX 2365  
OLDSMAR FL 34677-2193

GREATER CINCINNATI DIGESTIVE  
4746 MONTGOMERY RD #202  
CINCINNATI OH 45212

GUARDIAN FIN  
ATTN: BANKRUPTCY  
3806 FISHINGER BLVD  
HILLIARD OH 43026

HCFS HEALTH CARE FINANCIAL  
PLANTATION BILLING CENTER  
PO BOX 459077  
FORT LAUDERDALE FL 33345-9077

HRRG  
P. O. BOX 5406  
CINCINNATI OH 45273-7942

I C SYSTEM INC  
444 HIGHWAY 96 EAST  
P.O. BOX 64378  
ST. PAUL MN 55164

INTEGRATED REG LAB PATH SERVICE  
PO BOX 741087  
ATLANTA GA 30394-1087

IRS\*  
CENTRALIZED INSOLVENCY OPERATIONS  
PO BOX 7346  
PHILADELPHIA PA 19101-7346

JEFFERSON CAPITAL SYSTEMS, INC.  
16 MCLELAND RD  
SAINT CLOUD MN 56303

JODY MARTIN, INC.  
1250 NEALE LANE  
LOVELAND OH 45140

JOHN YONAS  
C/O AMERICAN HOMELAND TITLE AGENCY  
9656 CINCINNATI COLUMBUS RD  
CINCINNATI OH 45241

KIMBRELL'S OF SC INC.  
208-A ST. JAMES AVE.  
GOOSE CREEK SC 29445

LDC COLLECTIONS  
PO BOX 30420  
LOS ANGELES CA 90030-0420

LINCOLN AUTOMOTIVE FINANCIAL SERVICE  
ATTN: BANKRUPTCY  
PO BOX 542000  
OMAHA NE 68154

LOW COUNTRY PATHOLOGY  
PO BOX 49009  
GREENWOOD SC 29649

MEDICREDIT INC.  
P.O. BOX 1629  
MARYLAND HEIGHTS MO 63043-0629

MEDSHORE AMBULANCE SERVICE  
PO BOX 6  
ANDERSON SC 29622-0006

MERCY HEALTH PARTNERS  
PO BOX 630892  
CINCINNATI OH 45263-0827

MIDLAND FUNDING  
2365 NORTHSIDE DR STE 300  
SAN DIEGO CA 92108

MIKE WARD LANDSCAPING  
10491 S OH-48  
LOVELAND OH 45140

MONARCH RECOVERY SERVICES  
PO BOX 21089  
PHILADELPHIA PA 19114-0589

MRS BPO, LLC  
1930 OLNEY AVENUE  
CHERRY HILL NJ 08003

MUSC HEALTH  
PO BOX 931736  
ATLANTA GA 31193-1736

MUSC PHYSICIANS  
1 POSTON RD, STE. 350  
CHARLESTON SC 29407-3431

NATIONAL CREDIT ADJUSTERS  
P. O. BOX 3023  
ATTN: BANKRUPTCY DEPARTMENT  
HUTCHINSON KS 67504-3023

NATIONAL CREDIT ADJUSTERS, LLC  
327 W 4TH AVE.  
PO BOX 3023  
HUTCHINSON KS 67504

NATIONAL SERVICE BUREAU, INC.  
18912 NORTH CREEK PKWY, STE 205  
BOTHELL WA 98011

NEWBY, SARTIP, MASEL & CASPER, LLC  
P. O. BOX 808  
MYRTLE BEACH SC 29578-0808

NPAS, INC.  
PO BOX 99400  
LOUISVILLE KY 40269

OCWEN LOAN SERVICING, LLC  
ATTN: RESEARCH/BANKRUPTCY  
1661 WORTHINGTON ROAD, SUITE 100  
WEST PALM BEACH FL 33409

ONLINE COLLECTIONS  
ATTN: BANKRUPTCY  
PO BOX 1489  
WINTERVILLE NC 28590

ONLINE INFORMATION SERVICES  
PO BOX 1489  
WINTERVILLE NC 28590

PLAZA SERVICES, LLC  
ATTN: BANKRUPTCY  
110 HAMMOND DR. STE 110  
ATLANTA GA 30328

PMAB INC.  
PO BOX 12150  
CHARLOTTE NC 28220-2150

PREMIER BANK CARD  
16 MCLELAND LANE  
SAINT CLOUD MN 56303

PRIME CARE MEDICAL CENTER OF CUMMING GA  
2021 MARKETPLACE BLVD  
CUMMING GA 30041

PRO SCAN IMAGING  
PO BOX 233238  
CINCINNATI OH 45263-3238

PROFESSIONAL RADIOLOGY INC  
3287 WARSAW AVE  
CINCINNATI OH 45205-1744

PROGRESSIVE MANAGEMENT SYSTEMS  
ATTN: BANKRUPTCY DEPARTMENT  
1521 W CAMERON AVE., FIRST FLOOR  
WEST COVINA CA 91790

REAL TIME SOLUTIONS  
DEPT. 107565  
PO BOX 1259  
OAKS PA 19456

REGIONAL ACCEPTANCE CORP  
ATTN: BANKRUPTCY  
1424 E FIRE TOWER RD  
GREENVILLE NC 27858

RMS INC  
PO BOX 498  
RICHFIELD OH 44286

ROPER RADIOLOGIST PA  
3 SOUTHPARK CIRCLE SUITE 240  
CHARLESTON SC 29407

ROPER ST. FRANCIS HOSPITAL  
PO BOX 650292  
DALLAS TX 75265-0292

SC DEPARTMENT OF REVENUE  
P. O. BOX 12265  
COLUMBIA SC 29211-2265

SC SPORTS MEDICINE & ORTHO CENTER  
9100 MEDCOM ST.  
CHARLESTON SC 29406

SECURITY CHECK  
ATTN: BANKRUPTCY DEPT  
2612 JACKSON AVE W  
OXFORD MS 38655

SENEX SERVICES CORP  
ATTN: BANKRUPTCY  
333 FOUNDERS RD ND FLOOR  
INDIANAPOLIS IN 46268

SYNTER RESOURCE GROUP  
PO BOX 63247  
NORTH CHARLESTON SC 29419-3247

TATE & KIRLIN ASSOCIATES, INC  
580 MIDDLETOWN BLVD, STE 240  
LANGHORNE PA 19047

THOMAS R. KOUSTMER  
125 E COURT ST #1000  
CINCINNATI OH 45202

TRANSWORLD SYSTEMS INC  
PO BOX 17221  
WILMINGTON DE 19850

TRICOM DIAGNOSTICS IMAGING  
2851 TRICOM BLVD.  
CHARLESTON SC 29406

TRIDENT ANESTHESIA GROUP LLC  
9263 MEDICAL PLAZA DR., STE. E  
CHARLESTON SC 29406

TRIDENT MEDICAL CENTER  
P O BOX 740766  
CINCINNATI OH 45274-0766

TRIHEALTH/BETHESDA HOSPITAL  
PO BOX 630823  
CINCINNATI OH 45263-0823

TRU GREEN  
4041 THUNDERBIRD LANE  
FAIRFIELD OH 45014

U.S. DEPARTMENT OF EDUCATION  
ECMC/BANKRUPTCY  
PO BOX 16408  
SAINT PAUL MN 55116

UC HEALTH  
PO BOX 630911  
CINCINNATI OH 45263-0911

UC HEALTH - DEPT OF ORTHO & SPORTS MED  
222 PIEDMONT AVE, STE 2200  
CINCINNATI OH 45219

UNIVERSITY OF CINCINNATI PHYSICIANS LLC  
PO BOX 630861  
CINCINNATI OH 45263-0861

UNIVERSITY PEDIATRICS  
PO BOX 277775  
ATLANTA GA 30384-7775

UNIVERSITY POINTE SURGICAL HOSPITAL  
PO BOX 6048  
CINCINNATI OH 45270-6048

US BANK CORPORATION  
PO BOX 5227  
CINCINNATI OH 45202

WAKEFIELD & ASSOCIATES  
PO BOX 59003  
KNOXVILLE TN 37950

WEST CHESTER HOSPITAL  
PO BOX 12150  
CHARLOTTE NC 28220

WORLD ACCEPTANCE/FINANCE CORP  
ATTN: BANKRUPTCY  
PO BOX 6429  
GREENVILLE SC 29606